

Mid-Year Admission Form

Academic Year 2023-24

YEAR 7 8 9 10 11 12

(please circle the appropriate year group)

Child's Information	
Child's First Name	
Child's Surname	
Date of Birth	
Gender	
Home Address (including postcode)	
Parent/Carer Information	
Parent/Carer First Name	
Parent/Carer Surname	
Contact Number	
School Information	
Current School Name	
Current School Address	
Reason for Leaving	

Criteria	
(please circle the appropriate answer)	
Have you completed the Local Authority On-line Application Form?	YES / NO
Is the child in Public Care? (a Looked After Child)	YES / NO
Does the child have a Statement of Special Educational Needs or EHCP?	YES / NO If YES please enclose evidence
Does the child have a sibling attending the academy?	YES / NO If YES please provide information below
Sibling's Name	
Sibling's Form Group	
Any Additional Comments	
Signature (Parent/Carer)	
Print Name	Mr/Mrs/Miss/Ms
Relationship to Child	
Date	

Please return this form to:

Ormiston Shelfield Community Academy
 Broad Way
 Pelsall
 Walsall
 WS4 1BW
 Or Email to: s.ferguson@scacademy.co.uk

Office Use only

<i>Date Received</i>		<i>Added to Waiting List</i>	
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